

FILED FEB 12 1951

STANDARD CERTIFICATE OF DEATH

State File No. **284**
REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **132**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph c. LENGTH OF STAY (In this place) 4 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Meth. Hospital		d. STREET ADDRESS 124 W. Elk St.	
3. NAME OF DECEASED (Type or Print) a. (First) LEONA b. (Middle) MARIE c. (Last) PERKS		4. DATE OF DEATH (Month) 2 (Day) 1 (Year) 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never married	8. DATE OF BIRTH 1-29-1933
9. AGE (In years last birthday) 18		10. IF UNDER 1 YEAR Months 18 Days 18 Hours 18 Mins. 18	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY Pulic School	
11. BIRTHPLACE (State or foreign country) Alva, Oklahoma		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Melvin Perks		13b. MOTHER'S MAIDEN NAME Martha Joslyn	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Melvin Perks, 124 W. Elk St. ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Toxemia ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 90% 2nd and 3rd degree burns by fire DUE TO (c) 10/160 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 16	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 131	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) caused by fire	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Joseph, Buchanan, Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1 29 51 7A m.		21e. INJURY OCCURRED (Specify) NOT WHILE AT WORK	
21f. HOW DID INJURY OCCUR? Patient burned while asleep in burning dwelling		22. I hereby certify that I attended the deceased from Jan 29, 1951 , to Feb. 1, 1951 , that I last saw the deceased alive on Feb. 1, 1951 , and that death occurred at 5:12 P. m. , from the causes and on the date stated above.	
23a. SIGNATURE Wm. S. Carey (Degree or title) M.D.		23b. ADDRESS The Tootle Building	
23c. DATE SIGNED 2-3-1951		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 2-4-1951		24c. NAME OF CEMETERY OR CREMATORY Alva, Oklahoma	
24d. LOCATION (City, town, or county) (State) Alva, Oklahoma		25. DATE REC'D BY LOCAL REG. Feb 9, 1951	
REGISTRAR'S SIGNATURE Carl C. Casper		FEDERAL DIRECTOR'S SIGNATURE John B. Rupp ADDRESS St. Joseph, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

Signed.....
Student Embalmer

Signed.....
Student Embalmer No.
Licensed Embalmer No. 3986
P. O. Address St. Joseph, Mo.

Note: -The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)
If this body is not embalmed, fact should be so stated above.